NOV 2 4 2003

2912 Crosby Road Charlotte, NC 28211-2815 Phone: (704) 365-4881 Fax: (704) 385-4851

ProPat, L.L.C. FICIAL OFFICIAL



TOI	изрто	Fromi	Claire Wygand for Klaus Schweitzer
	Examiner Vivian Chen		Phone: (704) 365-4881
	Art Unit 1773		Fax: (704) 365-4851
Fex:	(703) 872-9306	Peges:	14 pages total
		٠.	Transmittal facsimile cover sheet (1 page)
			Fee Transmittal Sheet (1 page)
			Limited Recognition Form (1 page)
			Amendment 10 pages)
			One-Month Extension of time (1 page)
Phone:	(703) 308-0661 – Receptionist	Datei	November 24, 2003
Rei	Application No. 09/910,232; Filed 7/20/01	CC:	
	PEIFFER et al.	• `	
·	Our Ref.: 00/121 MFE		
	Response to Office Action dated Aug. 6, 2003	3	

Dear Examiner Chen,

Attached is an Amendment in response to the Official Action dated August 6, 2003. Also included is a Request for a 1-month Extension of Time; Fee sheet; and a copy of the Limited Recognition under 37 C.F.R. § 10.9(b) for Klaus Schweitzer.

Respectfully submitted,

Claire Wygand

Fax: 7043654851

PTC/SB/17 (11-01)
Approved for use through 10/31/2002. OMB 0861-0032
Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are re-	uired to respond to a collection of	f information unless it displays a valid QMB control number.		
	Complete If Kn wn			
FEE TRANSMITTAL	Application Number	09/910,232		
	Filing Date	July 20, 2001		
for FY 2002	First Named Inventor	PEIFFER et al.		
Patent fees are subject to annual revision.	Examiner Name	Vivian Chen		
•				

Applicant Claims small entity status. See 37 CFF AL AMOUNT OF PAYMENT (\$) 110.00						
AT MINORITY TO THE PARTY OF THE		Attom	ey Docke	t No.	00/121 MFE	
METHOD OF PAYMENT (check all that apply)	T^{-}			FEE	CALCULATION (continued)	
Check Credit card Money Other None	Large	DDITIO	Small Er			Fee Paid
Deposit Account	Fea 105	Fee 130	205		Surcharge – late filing fee or oath	
Social Supposit		50	227	26	Surcharge – late provisional filing fee or cover sheet	
ProPat, LLC Commissioner is authorized to: (check all that apply)	139	130	139		Non-English specification	
Charge fee(s) indicated below	147		147 112	2,520 920*	For filing a request for ex perte reexamination Requesting publication of SIR prior to	-
Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee	112		1	1,840*	Examiner action Requesting publication of SIR after	<u> </u>
ne above-Identified deposit account.			215	55	Examiner action Extension for raply within first month	110.00
FEE CALCULATION BASIC FILING FEE	116	400	216	200	Extension for reply within second month	
ge Entity Small Entity	117		217	460 720	Extension for reply within third month Extension for reply within fourth month	
de (\$) Code (\$) 740 201 370 Utility filing fee	128	1,960	228 219	980	Extension for reply within fifth month Notice of Appael	-
3 330 206 166 Design filing fee	118	320	220	160	Filing a brief in support of an appeal	
8 740 208 370 Releave filing fee	12'		221 138	140 1,610	Request for oral hearing Patition to institute a public use proceeding	
4 180 214 80 Provisional filing *** SUBTOTAL (1) (\$) 740.00	140		240 241	640	Patition to revive — unavoidable Patition to revive — unintentional	
EXTRA CLAIM FEES FOR UTILITY AND REISSL			242	640 230	Utility leave fee (or releave) Design issue fee	
nal Claims -20**= X Delow Fee P	-0- 14	4 820	244	310	Plant issue foc	
tependem 3 3 X	-0- 12 12		1.	130 50	Patitions to the Commissioner Processing fee under 37 CFR 1.17(q)	
riticle Dependent	12	-	128	180	Submission of information Disclosure Stmt	-
ee Fee Code (\$)	58 14		-	40 370	property (times number of properties) Filing a submission after final rejection	-
103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of				370	(37 ČFR § 1.129(a)) For each additional invention to be examined (37 CFR § 1.129(b))	
104 280 204 140 Multiple dependent delm, if not		79 740	279	370	Request for Continued Examination (RCE)	
109 64 209 42 **Reissue independent claims	10	900	169	900	Request for expedited exemination of a design application	
110 18 210 9 "Relasue claims in excess of and over original patent	20					-
SUBTOTAL (2) (\$) 0 " or number previously paid, if greater; For Relizates, ass above		her fee (sp iduced by 2		Fee Pak	BUBTOTAL (3) (5)	110.0
or number previously paid, a greater, i or i season,			<u> </u>		Complete (if applicable))
SUBMITTED BY		Registratio) 365-48

Klaus Schweltzer Name (Print/Type) Nov. 24, 2003 Signature

WARNING: Information on this form may become public. Credit card information aboutd not be Included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the emount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231.